

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SONY PICTURES OFFICE
28/6 SEP 23 AM 9:57

Randy James

Write the full name of each plaintiff.

16CV7431
No.

(To be filled out by Clerk's Office)

-against-

NYPD (New York
City Police Depart.)
Matthew Boyle
Matthew Russo

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other:

First and Second Amendments of the Constitution of United States.

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Randy

First Name

R

Middle Initial

James

Last Name

~~State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.~~

~~Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)~~

Current Place of Detention

Institutional Address

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>Mathew</u>	<u>Boyle</u>	
First Name	Last Name	Shield #

Current Job Title (or other identifying information)

67th Precinct

Current Work Address

<u>Kings</u>	<u>Brooklyn</u>	<u>N.Y.</u>
County, City	State	Zip Code

Defendant 2:

<u>Mathew</u>	<u>Russo</u>	
First Name	Last Name	Shield #

Current Job Title (or other identifying information)

Current Work Address

<u>Kings</u>	<u>Brooklyn</u>	<u>N.Y.</u>
County, City	State	Zip Code

Defendant 3:

<u>N/A</u>		
First Name	Last Name	Shield #

Current Job Title (or other identifying information)

Current Work Address

<u>County, City</u>	<u>State</u>	<u>Zip Code</u>
---------------------	--------------	-----------------

Defendant 4:

<u>N/A</u>		
First Name	Last Name	Shield #

Current Job Title (or other identifying information)

Current Work Address

<u>County, City</u>	<u>State</u>	<u>Zip Code</u>
---------------------	--------------	-----------------

V. STATEMENT OF CLAIM

Place(s) of occurrence:

Corner of 91st and Winthrop, East Flatbush
Brooklyn, N.Y.

Date(s) of occurrence:

August 2, 2013 approximately 10:30 pm

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was riding my bicycle on Clarkson Ave, made a right on 95st going towards Winthrop St. When I made the turn I observed a mobile police station and a blue and white police car parked. The officers in ^{the} car called me over to them. They informed me of a traffic infringement, that I committed on the bicycle. We spoke briefly and I was instructed to leave. I barely made one rotation of my bike pedal, and the officers pulled out of their parking space with sirens blaring. The passenger cop was shaking his head and smiling like a jack o'lantern. I was in fear of my life, I thought the officers were going to kill me because ~~that's~~ that's what they do sometimes. 95st and Clarkson Ave, is a very dark corner in the night time. I didn't want to end up as a ~~statistic~~ statistic, so I rode up, hoping that people would see what was going on. I stopped riding on 91st and Winthrop. The officers jumped out the car and ran behind me # like I robbed the bank. They attacked me and I tried my best to shield myself from their blows. Next thing I know I fell

and was surrounded by about 30 police officers. I could not get back up. They beat the living daylights out of me. I'm thankful that people were around, otherwise, they might have killed me. I was rushed to Brookdale Hospital, and I was not there long enough to get a thorough examination. They (police) allowed the nurse to put some bandages on my knees, and then I was taken to Central booking.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Extensive nerve damage, because I was laying on my side, knee abrasions, knee contusion and knee was out of socket; you could see the bone sticking out. I did over a year and a half of physical therapy. A lot of pain medication and ~~not~~ anti-inflammatory drugs. I had to ~~use~~ a cane, back brace, knee brace to move around. I'm in the VI. RELIEF process of getting corrective knee surgery. Also PTSD and adjustment disorder.

State briefly what money damages or other relief you want the court to order.

For the past 3 years I was unable to work due to my injuries. I'm looking for at least ~~20,000,000~~ 25 million dollars in money damage for my physical and mental injuries, and Post wages. I tried to get social security and public assistance and I was denied. Right now my life is in limbo. My status is sketchy, because I have to go from house to house and depend on family and friends for lodging. The only thing I get is food stamps. Please help me.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated

Randy

First Name

R

Middle Initial

Plaintiff's Signature

James

Last Name

Prison Address

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____



To: United States District Court - Southern District of New York

*RECEIVED
SUNY PUGH SEC OFFICE
2016 SEP 23 AM 9:58*

500 Pearl Street

New York, N.Y., 1007

Pro Se Office

USM
SDNY
P3

*Handy, James
117-17 Emerson Ave
Brooklyn, N.Y. 11212*